

RESPIRATORY THERAPY

Service Description

H052-KC

A service that provides treatment to restore, maintain or improve breathing.

Service Requirements and Limitations

1. ~~This Respiratory therapy~~ services ~~shall must~~ be performed by a qualified respiratory practitioner under Arizona Revised Statutes (“A.R.S.”) § 32-3501 (respiratory therapist or respiratory therapy technician) ~~person~~ who is licensed by the Arizona State Board of Respiratory Care Examiners pursuant to ~~Arizona Revised Statute (A.R.S.)~~ § 32-3501 and a graduate of an accredited respiratory care education program curriculum that is accredited/approved by the American Medical Association's Committee on Allied Health Education and in collaboration with the Joint Review Committee for Respiratory Therapy Education.
2. ~~This Respiratory Therapy~~ services ~~shall must~~ be prescribed by a qualified ~~and~~, licensed physician as part of a written plan of care which must include the frequency, duration, and scope of the ~~R~~espiratory ~~T~~herapy.
- ~~2.1~~ ~~3.~~ A qualified ~~and~~, licensed physician ~~shall be is~~ a person who is qualified and licensed pursuant to A.R.S. Title 32, Chapter 13 or Chapter 17, and any other applicable state and federal laws.
- ~~43.~~ If ~~this respiratory therapy~~ services ~~is are~~ provided to an Division member individual who is Arizona Long-Term Care (“ALTCS”) Title XIX eligible, the therapist ~~shall must~~ be registered with the Arizona Health Care Cost Containment System (“AHCCCS”).
- ~~54.~~ The Qualified Vendor shall comply with Arizona Administrative Code (“A.A.C.”) R6-6-901 through R~~6~~-6-910 (“Article 9”), Managing Inappropriate Behaviors.
- ~~65.~~ The Qualified Vendor shall comply with A.R.S. § 46-141 regarding fingerprinting and records check requirements.
6. If skilled nursing personnel are unavailable to provide ventilator dependent care in the Division member’s home or home and community-based approved alternative residential setting, the services may be provided by a licensed respiratory practitioner when the following conditions are met:
 - 6.1 The member’s Primary Care Provider (“PCP”) or physician of record must approve/order the care by the Respiratory Therapist, and

6.2 The member's care requirements must fall within the scope of practice for the licensed Respiratory Therapist as defined in A.R.S. § 32-3501, and

6.3 Orientation to the care needs unique to the member must be provided by the usual caregiver and/or the member.

~~7. The Qualified Vendor shall not deliver this service until certified for this category of services~~

Service Goals and Objectives

Service Goals

1. To provide treatment to restore, maintain, or improve respiratory functions.
2. To improve the functional capabilities and physical well-being of the member~~consumer~~.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

~~1. Conduct an initial oversight visit to speak with the consumer/or their representative regarding the quality of care, delivery of services, and advise the consumer/or their representative of the need to call the Qualified Vendor if care concerns develop between supervisory and/or support coordinator visits. This visit must be initiated not more than five (5) days from initial provision of the service.~~

~~2.1.~~ Based upon physician's orders and authorization by the Division's District Nurse, ensure that the ~~r~~espiratory ~~t~~herapist provides Respiratory Therapy to restore, maintain, or improve respiratory functions.

23. Ensure that the therapist:

23.1 Conducts an assessment and/or reviews previous assessment(s) of the member, including the need for special equipment.

23.2 Discusses assessment(s) with the PCP or physician of record, and participates with the Division's District Nurse and the member's planning team [e.g., Individual Support Plan ("ISP") team] to develop the member's~~consumer's~~ treatment plan.

23.3 Implements respiratory therapy treatment for the member as indicated by the assessment(s) and the member's~~consumer's~~ treatment plan.

23.4 Monitors and reassesses the member's~~consumer's~~ needs on a regular basis and upon reasonable request by the Division.

23.5 Provides written reports to Division staff as requested.

- 23.6 Attends planning team meetings~~Individual Support Plan (ISP)~~ as appropriate ~~meetings~~ and/or if requested by Division staff.
- 23.7 Provides training and technical assistance to the member, the member's consumer's parents family, caregivers, and other appropriate persons~~individuals~~.
- 23.8 Develops and teaches therapy objectives and/or techniques to be implemented by the member consumer, the member's family member(s), caregivers, and/or appropriate persons~~individuals~~ and provides instruction on the use and care of special equipment.
- 23.9 Consults with the member consumers, the member's representative families, the member's Support Coordinators, medical supply representatives, and other professional and paraprofessional staff on the features and design of special equipment that the member consumers may need.

Service Utilization Information

- 1. Using the assessment and plan development processes, the therapist ~~shall~~ collaborates with the member's planning ISP team to assess a member's consumer needs based upon what is normally expected to be performed by a member consumer and/or his/her natural supports; and gives consideration to age-appropriate expectations of the member consumer and his/her natural supports (i.e., what can reasonably be expected of the each member based on his/her age).
- 2. This service shall not supplant the care provided by the member's consumer's natural supports.
- 3. The member's assessment ~~shall be is~~ documented in the member's planning ISP document.
- 4. Prior to initiating the service, the Qualified Vendor shall obtain written orders from the member's PCP or physician of record. The written physician orders will be reviewed every sixty-two (62) days (bimonthly) by the PCP or physician of record and authorized/monitored by the Division's Health Care Services in conjunction with the member's Support Coordinator.

Rate Basis

- 1. Published. The published rate is based on one (1) unit of direct service.
- 2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff and Agency Qualifications

- 1. The direct service staff shall meet the following qualifications:

1.1 ~~Respiratory Therapy services must be performed~~ Is by a qualified respiratory practitioner~~person~~ under A.R.S. § 32-3501 (respiratory therapist or respiratory therapy technician).

1.2 ~~who is~~ -licensed by the Arizona State Board of Respiratory Care Examiners as pursuant to A.R.S. § 32-3501, and

1.3 ~~and is~~ -a graduate of an accredited respiratory care education program curriculum that is accredited/approved by the American Medical Association's Committee on Allied Health Education and in collaboration with the Joint Review Committee for Respiratory Therapy Education.

1.4 Has a National Provider Identifier ("NPI").

2. The Qualified Vendor shall meet the following requirements:

~~Graduation from an accredited respiratory care education program curriculum that is accredited/approved by the American Medical Association's Committee on Allied Health Education and in collaboration with the Joint Review Committee for Respiratory Therapy Education.~~

2.1 Is a Home Health Agency (HHA) licensed by the Arizona Department of Health Services ("ADHS") and certified by Medicare utilizing Registered Nurses ("RNs"), and Licensed Practical Nurses ("LPNs"), under the direction and supervision of an RN, for both intermittent or continuous nursing care;

2.2 Under certain circumstances in accordance with AHCCCS, is a Home Health Agency licensed by the ADHS utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent or continuous nursing care; or

2.3 Is an independent, registered nurse approved and authorized by the Division who works through a private duty, licensed Home Health Agency.

2.4 If the service is delivered through a Home Health Agency, the agency must be Medicare/Medicaid certified.

2.5 Has a National Provider Identifier ("NPI").

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall provide written reports to the Division as requested.

2. The Qualified Vendor shall maintain ~~qualification~~ files documenting the qualifications for each direct service ~~staff provider~~ as defined above.

3. The Qualified Vendor ~~shall~~must maintain daily records on file as proof of the number of hours worked by ~~their~~each direct service staff providing direct service to members;

3.1 Each time sheet, ~~or~~ equivalent document, or data system shall contain the original ~~must~~ be signed or other independent verification of the member~~consumer~~/family/~~member~~~~consumer~~'s representative after service delivery confirming the ~~verification~~ hours worked. Proof of hours worked must be signed or verified by the member/member's representative before the Qualified Vendor submits the claim for payment.

4. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.